



Public Employee Retirement System of Idaho
P.O. Box 83720, Boise ID 83720-0078

Report of Firefighter's Spouse and Dependent Information

FIREFIGHTER'S RETIREMENT FUND MEMBERS ONLY

To be completed by paid firefighters hired prior to October 1, 1980, for reporting changes in spouse and dependent information. Firefighters hired on or after October 1, 1980, should use form RS-115F to designate or change beneficiaries.

Member Name _____ Social Security Number _____
Please print

Home Address _____
Street address or P.O. Box

City State Zip Code

Employer _____ Hire Date _____

Spouse's Full Name _____

Spouse's Date of Birth _____ Spouse's Social Security Number _____

Spouse's Address (if different than member's) _____

Dissolution of Marriage

This is to report dissolution of my marriage to _____
Name of former spouse

which occurred on _____ due to (circle one): Death Divorce
Date

Listed below are my dependent children under 18 years of age. (Use full names. Use back if more room needed.
_____ Check here if back page is used.)

<u>Full Name</u>	<u>Date of Birth</u>	<u>Social Security Number</u>	<u>Address (if different than member's)</u>
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Member's Signature _____ Date _____

Boise: 208-334-3365 or 1-800-451-8228

Coeur d' Alene: 208-769-1474 or 1-800-962-8228

Pocatello: 208-236-6225 or 1-800-762-8228